

ATTACHMENT C
PERSONAL ACKNOWLEDGMENT

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A component of the Health and Safety Plan (HASP), designed to provide personnel safety during this subsurface investigation requires that you receive training as described in the HASP prior to working at the site. I have read, understand, and agree to abide by the provisions as detailed in this Site-Specific Health and Safety Plan. Failure to comply with these provisions may lead to disciplinary action and/or my dismissal from the work site.

PRIME CONTRACTOR EMPLOYEES:

_____ Name (Printed)	_____ Signature	_____ Date
_____ Name (Printed)	_____ Signature	_____ Date
_____ Name (Printed)	_____ Signature	_____ Date
_____ Name (Printed)	_____ Signature	_____ Date
_____ Name (Printed)	_____ Signature	_____ Date
_____ Name (Printed)	_____ Signature	_____ Date

SUBCONTRACTOR EMPLOYEES:

_____ Name (Printed)	_____ Signature	_____ Date
_____ Name (Printed)	_____ Signature	_____ Date
_____ Name (Printed)	_____ Signature	_____ Date
_____ Name (Printed)	_____ Signature	_____ Date
_____ Name (Printed)	_____ Signature	_____ Date